## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-19-10</u>	Address:	1900 BLOCK SR62
Case #:	<u>34-36258</u>		LEAVENWORTH,IN
County:	CRAWFORD		
Type of Laboratory Seizure (check one)  Operational Lab		Seizure Location (check all that apply)  Residence Hotel/Motel	
Chemic Dumpsi	cal/Glassware/Equipment (only) ite (only)	Outbuilding Vehicle	<ul><li>✓ Open – No Structure</li><li>✓ Other:</li></ul>
(check all the Lithium Lithium Red Photosite Anhydrocon Corrosite Corrosite Lithium Check all the Lithium Red Photosite Lithium Red	nd: Location (bedroom, kitchen, open ain apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): rous Ammonia: thloric Acid Gas Generator(s): ve Acid: ve Base: item and location):		
Yes No *If yes, fax re	er age 18 discovered (check one) (number present)  eport to Child Protective Services	☐ Ephedrin ☐ Retail/M ☐ Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: <u>LEAVENWORTH VFD</u>	Fax: <u>812-7</u> Fax: <u>812-3</u>	
Health Department: <u>CRAWFORD CO.</u>		Fax: <u>N/A</u>	<u>-50-2302</u>
Child Prote	ection Service: <u>CRAWFORD CO.</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: KATRINA SMITH Phone 812-246-5424			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.